

CLASS C AMENDMENT FORM

2008-221-T

245106

ORS ✓

File the original with:

Public Service Commission of South Carolina
Clerk's Office
Motor Carrier Matters
P.O. Box 11649
Columbia, S.C. 29211
(803) 896 - 5100
FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, S.C. 29201
(803) 737-0578
FAX (803) 737-0815

DATE: 7/8/13

I have the following Certificate:

☐ Class C Taxi # _____ ☒ Class C Charter # 7996 ☐ Class C Charter Bus # _____
☐ Class C Non-Emergency # _____

Please consider this as my request for the following amendment(s) to my Certificate: JUL - 9 2013

☐ Name Change**RECEIVED**
TRANS DEPT

From: _____ DBA: _____
(Current Name) (Current DBA if applicable)

TO: _____ DBA: _____
(New Name) (New DBA if applicable)

☐ Scope of Authority

From: _____ To: _____
(Current Scope) (New Scope)

☒ Passenger Limit

From: 8 To: 15
(Current Limit Number) (New Limit Number)

Charleston Green Taxi LLC
Name & DBA if DBA is applicable)

Charleston SC, 29401
(City, State, Zip Code)

843-619-0846
(Telephone Number)

334 E. Bay St. #254
(Street and/or Mailing Address)


(Signature)

Alexander Franklin (owner)
(Title) Owner, President, etc.

Revised 3-2-10